1997 ATS criteria
Clinical symptoms
CT Changes
Microbiology

Over twelve month period
Three positive cultures (smear negative).

OR
Two positive cultures plus one smear positive.

OR
Strong positive smear / culture from BAL.

First line
IV amikacin 35 mg/kg od (IV)
Imipenem 500mg qds (IV)
Clarithromycin 500mg bd (oral)

Treat for 2-4 weeks until clinical response.

Maintenance therapy
Neb amikacin + oral clarithromycin 500mg bd (oral) (+/- ethambutol / rifampicin).

Consider routine courses of IVs every three months.

Second line
Consider using IV cefoxitin 3g qds and IV Tigecycline, 100mg bd for 24 hr loading, 50mg bd thereafter, for acute deterioration in addition to/in place of first line agents.

Consider a short course (one month) of linezolid 600mg bd for *M. chelonae / fortuitum*.

Consider adding in moxifloxacin 400-800 mg of for *M. fortuitum*.

Consider Interferon?

Role of surgery?

1 NB: They can only be applied to *M. abscessus* AND *M. avium* and they are not validated for patients with CF.

Rapid growing Mycobacteria – *M. abscessus, M. chelonae, M. fortuitum.*

*For paediatric doses - discuss with Pharmacist.*